

**PATIENT RIGHTS AND RESPONSIBILITIES, INFORMED CONSENT TO TREATMENT, AND PRIVACY OF
BEHAVIORAL HEALTH CARE SERVICE/SOCIAL WORK SECTION INFORMATION**

1. The Behavioral Health Care Service/Social Work Section wants to make sure that you understand what your rights are as a patient in our clinic. We are doing this to ensure that you receive the highest quality of service available. In addition, we want you to also know what the limits of our services are prior to you actually being seen by one of our clinicians.
2. The Behavioral Health Care Service/Social Work Section services are provided by service providers with varying backgrounds. They include social workers, psychologists, psychiatrists, psychology residents, psychiatry residents, practicum students, and other paraprofessionals whose services are supervised. Because we are part of a training hospital (Walter Reed Army Medical Center, under the auspices of The Walter Reed Health Care System), your case may be discussed in case supervision, case conference or other service training sessions. Your service provider should identify his or her profession status and clarify with you the nature of this, the individual providing supervision, and discuss any concerns you may have regarding your care.
3. Everyone working with the Behavioral Health Care Service/Social Work Section wants to protect your privacy. However, there are certain limitations placed on privacy within this system. Patient appointments are maintained on the Composite Health Care System (CHCS), which is accessible to other health care providers and scheduling personnel. Summary reports of portions of your records may be provided to Tricare service representatives for authorization of care and utilization management. Your records are the property of the Government and are maintained in accordance with military regulations.
4. It is your right to formulate an Advance Directive (living will and or medical durable power of attorney), and to take part in ethics discussions pertinent to your care. You have the right to designate a representative to make health care decisions in the event that you are unable to do so.
5. You have the right to be assessed for pain. This includes information on effective management of pain and information on pain relief measures.
6. When you begin seeing one of our staff members, a private treatment record, separate from your general medical record, will be prepared for you. The record will include a written summary of what occurred during your visit to our clinic as well as related documents and assessment materials. In most cases, when patient information needs to be disclosed, the patient's permission is obtained before disclosure. There are, however, circumstances when disclosure can occur without your prior consent. Following are typical but not exhaustive examples of situations and circumstances under which information may be disclosed without your prior consent:
 - a. If a provider believes you intend to harm yourself or someone else, it may be the duty of that provider to disclose that information for protection of the endangered person(s).
 - b. In situations of suspected child, spouse or elder abuse, it is the duty of the provider to notify medical, legal or other authorities.
 - c. If you are involved in legal action or proceedings, your records may be subject to subpoena or lawful directive from a court.
 - d. Another member of the military medical system who is providing care to you and has a legitimate need for access to information in order to provide safe and competent care may be permitted access without your consent.
 - e. Active duty personnel may have their leadership chain contacted to provide information in certain situations; for example, if the consultation is initiated by a "Command-directed referral", if the consultation is legitimately needed for a Line of Duty investigation, or if you fall under the Nuclear/Chemical Surety Program.
 - f. Qualified persons may be permitted access to your record as part of a profession performance improvement review procedure. Any information disclosed by the reviewer conceals the identity of the patient.
7. If you were referred by your commander or supervisor, you may have additional rights regarding notification and consent to this evaluation in accordance with Department of Defense Directive 6490.4. If this is a Command-directed referral, or you believe it might be, you must notify your provider prior to being seen.

STATEMENT OF UNDERSTANDING

I HAVE READ THE ABOVE AND UNDERSTAND THE NATURE OF SERVICE PROVIDERS, THE LIMITS OF CONFIDENTIALITY, THE PRIVACY ACT STATEMENT, AND PATIENT RIGHTS AND RESPONSIBILITIES.

Patient's signature

Social security number

Date

SERVICE PROVIDER'S STATEMENT

I HAVE INQUIRED TO ENSURE THAT THE PATIENT UNDERSTOOD THE ABOVE DESCRIPTION OF THE LIMITS OF CONFIDENTIALITY, THE PRIVACY ACT STATEMENT, AND PATIENT RIGHTS AND RESPONSIBILITIES. I HAVE ALSO OFFERED THE PATIENT A PAMPHLET OUTLINING THESE RIGHTS AND RESPONSIBILITIES.

Staff member's signature

Date